



THE EVEXIA CLINIC

Functional Health Report

Patient Copy

JANE DOE

Lab Test on Jan 29, 2019
Conventional US Units

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Blood Test Results Report



The Blood Test Results Report lists the results of your Blood Chemistry Screen and CBC Test and shows you whether or not an individual element is outside of the optimal range and/or outside of the clinical lab range.

Above Optimal Range 7 Current 11 Previous	Above Standard Range 6 Current 4 Previous	Alarm High 2 Current 3 Previous
Below Optimal Range 11 Current 4 Previous	Below Standard Range 2 Current 1 Previous	Alarm Low 0 Current 5 Previous

Element	Current		Previous		Impr	Optimal Range	Standard Range	Units
	Jan 29 2019		Sep 19 2018					
Glucose	85.00		84.00			72.00 - 90.00	65.00 - 99.00	mg/dL
Hemoglobin A1C	5.00		5.00			5.00 - 5.50	0.00 - 5.60	%
Insulin - Fasting	8.10	↑	7.50	↑	👎	2.00 - 5.00	2.00 - 19.00	µIU/ml
BUN	10.00		15.00			10.00 - 16.00	7.00 - 25.00	mg/dL
Creatinine	0.61	↓	0.76	↓	👎	0.80 - 1.10	0.40 - 1.35	mg/dL
BUN/Creatinine Ratio	16.39	↑	19.73	↑	👍	10.00 - 16.00	6.00 - 22.00	Ratio
eGFR Non-Afr. American	117.00		102.00	↑	👍	90.00 - 120.00	60.00 - 90.00	mL/min/1.73m2
eGFR African American	136.00	↑	118.00	↑	👎	90.00 - 120.00	60.00 - 90.00	mL/min/1.73m2
Sodium	134.00	↓	136.00		👎	135.00 - 142.00	135.00 - 146.00	mEq/L
Potassium	4.20		4.40			4.00 - 4.50	3.50 - 5.30	mEq/L
Sodium/Potassium Ratio	31.90		30.90			30.00 - 35.00	30.00 - 35.00	ratio
Chloride	101.00		100.00			100.00 - 106.00	98.00 - 110.00	mEq/L
CO2	25.00		26.00			25.00 - 30.00	19.00 - 30.00	mEq/L
Anion gap	12.20	↑	14.40	↑	👍	7.00 - 12.00	6.00 - 16.00	mEq/L
Uric Acid, female	2.80	↓	5.30		👎	3.00 - 5.50	2.50 - 7.00	mg/dL
Protein, total	7.00		7.90	↑	👍	6.90 - 7.40	6.10 - 8.10	g/dL
Albumin	4.50		5.00			4.00 - 5.00	3.60 - 5.10	g/dL
Globulin, total	2.50		2.90	↑	👍	2.40 - 2.80	2.00 - 3.50	g/dL
Albumin/Globulin Ratio	1.80		1.70			1.40 - 2.10	1.00 - 2.50	ratio
Calcium	9.50		9.70			9.40 - 10.10	8.60 - 10.40	mg/dL
Calcium/Albumin Ratio	2.11		1.94			0.00 - 2.60	0.00 - 2.70	ratio
Phosphorus	4.20	↑	4.60	↑	👍	3.50 - 4.00	2.50 - 4.50	mg/dL
Calcium/Phosphorous Ratio	2.26	↓	2.10	↓	👍	2.30 - 2.70	2.30 - 2.70	ratio
Magnesium	2.20		2.40			2.20 - 2.50	1.50 - 2.50	mg/dl
Alk Phos	54.00	↓	65.00	↓	👎	70.00 - 100.00	35.00 - 115.00	IU/L
AST (SGOT)	13.00		15.00			10.00 - 26.00	10.00 - 35.00	IU/L
ALT (SGPT)	10.00		9.00	↓	👍	10.00 - 26.00	6.00 - 29.00	IU/L

LDH	120.00 ↓	133.00 ↓	👎	140.00 - 200.00	120.00 - 250.00	IU/L
Bilirubin - Total	0.40	0.50		0.10 - 0.90	0.20 - 1.20	mg/dL
Bilirubin - Direct	0.10	0.10		0.00 - 0.20	0.00 - 0.19	mg/dL
Bilirubin - Indirect	0.30	0.40		0.10 - 0.70	0.20 - 1.20	mg/dL
GGT	15.00	16.00		10.00 - 30.00	3.00 - 70.00	IU/L
Iron - Serum	57.00 ↓	107.00	👎	85.00 - 130.00	40.00 - 160.00	µg/dL
Ferritin	75.00	60.00		40.00 - 150.00	10.00 - 232.00	ng/mL
TIBC	338.00	395.00 ↑	👍	250.00 - 350.00	250.00 - 425.00	µg/dL
% Transferrin saturation	17.00 ↓	27.00	👎	24.00 - 50.00	15.00 - 50.00	%
Cholesterol - Total	258.00 ↑	355.00 ⚠️	👍	155.00 - 190.00	125.00 - 200.00	mg/dL
Triglycerides	129.00 ↑	119.00 ↑	👎	50.00 - 100.00	0.00 - 150.00	mg/dL
LDL Cholesterol	178.00 ⚠️	258.00 ⚠️	👍	0.00 - 120.00	0.00 - 130.00	mg/dL
HDL Cholesterol	54.00 ↓	71.00 ↑	👎	55.00 - 70.00	46.00 - 100.00	mg/dL
Cholesterol/HDL Ratio	4.80 ↑	5.00 ↑	👍	0.00 - 3.00	0.00 - 5.00	Ratio
Triglyceride/HDL Ratio	2.38 ↑	1.67	👎	0.00 - 2.00	0.00 - 3.30	ratio
TSH	6.63 ↑	106.73 ⚠️	👍	1.00 - 3.00	0.40 - 4.50	µU/mL
Free T3	2.70 ↓	1.50 ▼	👍	2.80 - 3.50	2.30 - 4.20	pg/ml
Total T3	81.00 ↓	34.00 ▼	👍	90.00 - 168.00	76.00 - 181.00	ng/dL
Free T4	1.10	0.40 ▼	👍	1.00 - 1.50	0.80 - 1.80	ng/dL
Total T4	6.10	2.20 ▼	👍	6.00 - 11.90	4.50 - 12.00	µg/dL
T3 Uptake	35.00	29.00		27.00 - 35.00	22.00 - 35.00	%
Free Thyroxine Index (T7)	2.13	0.63 ▼	👍	1.70 - 4.60	1.40 - 3.80	Index
Hs CRP, Female	3.20 ↑	3.70 ↑	👍	0.00 - 0.99	0.00 - 2.90	mg/L
Vitamin D (25-OH)	53.00	54.00		50.00 - 90.00	30.00 - 100.00	ng/ml
Total WBCs	7.00	7.40		5.30 - 7.50	3.80 - 10.80	k/cumm
RBC, Female	4.22	4.68 ↑	👍	3.90 - 4.50	3.80 - 5.10	m/cumm
Hemoglobin, Female	12.60 ↓	13.50	👎	13.50 - 14.50	11.70 - 15.50	g/dl
Hematocrit, Female	36.90 ↓	41.60	👎	37.00 - 44.00	35.00 - 45.00	%
MCV	87.40	88.90		85.00 - 92.00	80.00 - 100.00	fL
MCH	29.90	28.80		27.00 - 31.90	27.00 - 33.00	pg
MCHC	34.10	32.50		32.00 - 35.00	32.00 - 36.00	g/dL
Platelets	417.00 ⚠️	369.00	👎	150.00 - 400.00	140.00 - 415.00	k/cumm
RDW	12.20	13.20 ↑	👍	11.70 - 13.00	11.00 - 15.00	%
Neutrophils	48.00	55.00		40.00 - 60.00	40.00 - 60.00	%
Lymphocytes	38.00	36.00		25.00 - 40.00	25.00 - 40.00	%
Monocytes	8.00 ↑	6.00	👎	0.00 - 7.00	0.00 - 7.00	%
Eosinophils	6.00 ↑	3.00	👎	0.00 - 3.00	0.00 - 3.00	%
Basophils	0.00	0.00		0.00 - 1.00	0.00 - 1.00	%

Out of Optimal Range Report



The following results show all of the elements that are out of the optimal reference range. The elements that appear closest to the top of each section are those elements that are farthest from optimal.

Above Optimal Range

15 Total



Below Optimal Range

13 Total



Above Optimal

Hs CRP, Female ↑ 3.20 mg/L (+ 273 %)

High Sensitivity C-Reactive Protein (Hs-CRP) is a blood marker that can help indicate the level of chronic inflammation in the body. Increased levels are associated with an increased risk of inflammation, cardiovascular disease, stroke, and diabetes.

Cholesterol - Total ↑ 258.00 mg/dL (+ 244 %)

Cholesterol is a steroid found in every cell of the body and in the plasma. It is an essential component in the structure of the cell membrane where it controls membrane fluidity. It provides the structural backbone for every steroid hormone in the body, which includes adrenal and sex hormones and vitamin D. The myelin sheaths of nerve fibers are derived from cholesterol and the bile salts that emulsify fats are composed of cholesterol. Cholesterol is made in the body by the liver and other organs, and from dietary sources. The liver, the intestines, and the skin produce between 60-80% of the body's cholesterol. The remainder comes from the diet. An increased cholesterol is just one of many independent risk factors for cardiovascular disease. It is also associated with metabolic syndrome, hypothyroidism, biliary stasis, and fatty liver. Decreased cholesterol levels are a strong indicator of gallbladder dysfunction, oxidative stress, inflammatory process, low fat diets and an increased heavy metal burden.

TSH ↑ 6.63 µU/mL (+ 232 %)

TSH is a hormone produced from the anterior pituitary to control thyroid function. TSH stimulates the thyroid cells to increase the production of thyroid hormone (T-4), to store thyroid hormone and to release thyroid hormone into the bloodstream. TSH synthesis and secretion is regulated by the release of TRH (Thyroid Releasing Hormone) from the hypothalamus. TSH levels describe the body's desire for more thyroid hormone (T4 or T3), which is done in relation to the body's ability to use energy. A high TSH is the body's way of saying "we need more thyroid hormone". A low TSH reflects the body's low need for thyroid hormone. Optimal TSH levels tell us that the thyroid hormone levels match the body's current need and/or ability to utilize the energy.

Insulin - Fasting ↑ 8.10 µIU/ml (+ 153 %)

Insulin is the hormone released in response to rising blood glucose levels and decreases blood glucose by transporting glucose into the cells. Often people lose their ability to utilize insulin to effectively drive blood glucose into energy-producing cells. This is commonly known as "insulin resistance" and is associated with increasing levels of insulin in the blood. Excess insulin is associated with greater risks of heart attack, stroke, metabolic syndrome and diabetes.

Eosinophils ↑ 6.00 % (+ 150 %)

Eosinophils are a type of White Blood Cell, which are often increased in patients that are suffering from intestinal parasites or food or environmental sensitivities/allergies.

Cholesterol/HDL Ratio ↑ 4.80 Ratio (+ 110 %)

The ratio of total cholesterol to HDL is a far better predictor of cardiovascular disease than cholesterol by itself. A lower ratio is ideal because you want to lower cholesterol (but not too low) and raise HDL. A level below 3.0 would be ideal. Every increase of 1.0, i.e. 3.0 to 4.0 increases the risk of heart attack by 60%.

Triglycerides ↑ 129.00 mg/dL (+ 108 %)

Serum triglycerides are composed of fatty acid molecules that enter the blood stream either from the liver or from the diet. Patients that are optimally metabolizing their fats and carbohydrates tend to have a triglyceride level about one-half of the total cholesterol level. Levels will be elevated in metabolic syndrome, fatty liver, in patients with an increased risk of cardiovascular disease, hypothyroidism and adrenal dysfunction. Levels will be decreased in liver dysfunction, a diet deficient in fat, and inflammatory processes.

eGFR African American ↑ 136.00 mL/min/1.73m2 (+ 103 %)

The eGFR is a calculated estimate of the kidney's Glomerular Filtration Rate. It uses 4 variables: age, race, creatinine levels and gender to estimate kidney function. Levels below 90 are an indication of a mild loss of kidney function. Levels below 60 indicate a moderate loss of kidney function and may require a visit to a renal specialist for further evaluation.

LDL Cholesterol ↑ 178.00 mg/dL (+ 98 %)

LDL functions to transport cholesterol and other fatty acids from the liver to the peripheral tissues for uptake and metabolism by the cells. It is known as "bad cholesterol" because it is thought that this process of bringing cholesterol from the liver to the peripheral tissue increases the risk for atherosclerosis. An increased LDL cholesterol is just one of many independent risk factors for cardiovascular disease. It is also associated with metabolic syndrome, oxidative stress and fatty liver.

Phosphorus ↑ 4.20 mg/dL (+ 90 %)

Phosphorous levels, like calcium, are regulated by parathyroid hormone (PTH). Phosphate levels are closely tied with calcium, but they are not as strictly controlled as calcium. Plasma levels may be decreased after a high carbohydrate meal or in people with a diet high in refined carbohydrates. Serum phosphorous is a general marker for digestion. Decreased phosphorous levels are associated with hypochlorhydria. Serum levels of phosphorous may be increased with a high phosphate consumption in the diet, with parathyroid hypofunction and renal insufficiency.

Triglyceride/HDL Ratio ↑ 2.38 ratio (+ 69 %)

The Triglyceride:HDL ratio is determined from serum triglyceride and HDL levels. Increased ratios are associated with an increased risk of developing insulin resistance and Type II Diabetes. A decreased ratio is associated with a decreased risk of developing insulin resistance and Type II Diabetes.

Monocytes ↑ 8.00 % (+ 64 %)

Monocytes are white blood cells that are the body's second line of defense against infection. They are phagocytic cells that are capable of movement and remove dead cells, microorganisms, and particulate matter from circulating blood. Levels tend to rise at the recovery phase of an infection or with chronic infection.

Platelets ↑ 417.00 k/cumm (+ 57 %)

Platelets or thrombocytes are the smallest of the formed elements in the blood. Platelets are necessary for blood clotting, vascular integrity, and vasoconstriction. They form a platelet plug, which plugs up breaks in small vessels. increased platelets may be seen with atherosclerosis. Decreased levels are associated with oxidative stress, heavy metal body burden and infections.

BUN/Creatinine Ratio ↑ 16.39 Ratio (+ 56 %)

The BUN/Creatinine is a ratio between the BUN and Creatinine levels. An increased level is associated with renal dysfunction. A decreased level is associated with a diet low in protein.

Anion gap ↑ 12.20 mEq/L (+ 54 %)

The anion gap is the measurement of the difference between the sum of the sodium and potassium levels and the sum of the serum CO₂/bicarbonate and chloride levels. Increased levels are associated with thiamine deficiency and metabolic acidosis.

Below Optimal

Hemoglobin, Female ↓ 12.60 g/dl (- 140 %)

Hemoglobin is the oxygen carrying molecule in red blood cells. Measuring hemoglobin is useful to determine the cause and type of anemia and for evaluating the efficacy of anemia treatment. Hemoglobin levels may be increased in cases of dehydration.

Creatinine ↓ 0.61 mg/dL (- 113 %)

Creatinine is produced primarily from the contraction of muscle and is removed by the kidneys. A disorder of the kidney and/or urinary tract will reduce the excretion of creatinine and thus raise blood serum levels. Creatinine is traditionally used with BUN to assess for impaired kidney function. Elevated levels can also indicate dysfunction in the prostate.

Iron - Serum ↓ 57.00 µg/dL (- 112 %)

Serum iron reflects iron that is bound to serum proteins such as transferrin. Serum iron levels will begin to fall somewhere between the depletion of the iron stores and the development of anemia. Increased iron levels are associated with liver dysfunction, conditions of iron overload (hemochromatosis and hemosiderosis) and infections. Decreased iron levels are associated with iron deficiency anemia, hypochlorhydria and internal bleeding. The degree of iron deficiency is best appreciated with ferritin, TIBC and % transferrin saturation levels.

Alk Phos ↓ 54.00 IU/L (- 103 %)

Alkaline phosphatase (ALP) is a group of isoenzymes that originate in the bone, liver, intestines, skin, and placenta. It has a maximal activity at a pH of 9.0-10.0, hence the term alkaline phosphatase. Decreased levels of ALP have been associated with zinc deficiency.

LDH ↓ 120.00 IU/L (- 83 %)

LDH represents a group of enzymes that are involved in carbohydrate metabolism. Decreased levels of LDH often correspond to hypoglycemia (especially reactive hypoglycemia), pancreatic function, and glucose metabolism. Increased levels are used to evaluate the presence of tissue damage to the cell causing a rupture in the cellular cytoplasm. LDH is found in many of the tissues of the body, especially the heart, liver, kidney, skeletal muscle, brain, red blood cells, and lungs. Damage to any of these tissues will cause an elevated serum LDH level.

% Transferrin saturation ↓ 17.00 % (- 77 %)

The % transferrin saturation index is a calculated value that tells how much serum iron is bound to the iron-carrying protein transferrin. A % transferrin saturation value of 15% means that 15% of iron-binding sites of transferrin is being occupied by iron. It is a sensitive screening test for iron deficiency anemia if it is below the optimal range.

Sodium ↓ 134.00 mEq/L (- 64 %)

Sodium is an important blood electrolyte and functions to maintain osmotic pressure, acid-base balance, aids in nerve impulse transmission, as well as renal, cardiac and adrenal functions. Increased sodium is most often due dehydration (sweating, diarrhea, vomiting, polyuria, etc.) or adrenal stress. Decreased sodium levels are associated with adrenal insufficiency and edema.

Free T3 ↓ 2.70 pg/ml (- 64 %)

T-3 is the most active thyroid hormone and is primarily produced from the conversion of thyroxine (T-4) in the peripheral tissue. Free T3 is the unbound form of T3 measured in the blood. Free T3 represents approximately 8 – 10% of circulating T3 in the blood. Free T-3 levels may be elevated with hyperthyroidism and decreased with hypothyroidism.

Total T3 ↓ 81.00 ng/dL (- 62 %)

T-3 is the most active thyroid hormone and is primarily produced from the conversion of thyroxine (T-4) in the peripheral tissue. T-3 is 4 -5 times more metabolically active than T-4. Total T3 reflects the total amount of T3 present in the blood i.e. amount bound to protein and free levels. Elevated total T-3 levels can be very useful in the diagnosis of Hyperthyroidism especially if the Total or Free T4 level is normal. Decreased total T-3 levels should be used in conjunction with other abnormal thyroid tests before coming to a diagnosis of Hypothyroidism.

Calcium/Phosphorous Ratio ↓ 2.26 ratio (- 60 %)

The Calcium:Phosphorus ratio is determined from the serum calcium and serum phosphorus levels. This ratio is maintained by the parathyroid glands and is also affected by various foods. Foods high in phosphorus and low in calcium tend to disrupt the balance and shift the body toward metabolic acidity, depleting calcium and other minerals and increasing inflammation.

Uric Acid, female ↓ 2.80 mg/dL (- 58 %)

Uric acid is produced as an end-product of purine, nucleic acid, and nucleoprotein metabolism. Levels can increase due to over-production by the body or decreased excretion by the kidneys. Increased uric acid levels are associated with gout, atherosclerosis, oxidative stress, arthritis, kidney dysfunction, circulatory disorders and intestinal permeability. Decreased levels are associated with detoxification issues, molybdenum deficiency, B12/folate anemia, and copper deficiency.

HDL Cholesterol ↓ 54.00 mg/dL (- 57 %)

HDL functions to transport cholesterol from the peripheral tissues and vessel walls to the liver for processing and metabolism into bile salts. It is known as "good cholesterol" because it is thought that this process of bringing cholesterol from the peripheral tissue to the liver is protective against atherosclerosis. Decreased HDL is considered atherogenic, increased HDL is considered protective.

Hematocrit, Female ↓ 36.90 % (- 51 %)

The hematocrit (HCT) measures the percentage of the volume of red blood cells in a known volume of centrifuged blood. It is an integral part of the Complete Blood Count (CBC) or Hematology panel. Low levels of hematocrit are associated with anemia. The hematocrit should be evaluated with the other elements on a CBC/Hematology panel to determine the cause and type of anemia.

Functional Index Report



The indices shown below represent an analysis of your blood test results. These results have been converted into your individual Functional Indices Report based on our latest research. This report gives me an indication of the level of dysfunction that exists in the various physiological systems in your body from the digestion of the food you eat to the health of your liver and the strength of your immune system – which are all key factors in maintaining optimal health. We can use this information to put together a unique treatment plan designed to bring your body back into a state of functional health, wellness and energy.

Score Guide: 90% - 100% - Dysfunction Highly Likely, 70% - 90% - Dysfunction Likely, 50% - 70% - Dysfunction Possible, < 50% - Dysfunction Less Likely.

Functional Index	0%	100%
Lipid Panel Index		100%
Thyroid Function Index		100%
Blood Sugar Index		94%
Allergy Index		80%
Cardiovascular Risk Index		64%
Adrenal Function Index		56%
Red Blood Cell Index		38%
GI Function Index		37%
Electrolyte Index		33%
Immune Function Index		32%
Acid-Base Index		30%
Toxicity Index		28%
Inflammation Index		28%
Gallbladder Function Index		25%
Kidney Function Index		25%
Oxidative Stress Index		21%
Heavy Metal Index		15%
Bone Health Index		12%
Liver Function Index		5%
Sex Hormone Index - Female	0%	

Lipid Panel Index

The Lipid Panel index gives us an indication of the levels of cholesterol and fat in your blood. An increased Lipid Panel Index indicates that you have higher than optimal levels of cholesterol and fat in your blood (a condition called hyperlipidemia). Hyperlipidemia is associated with an increased risk of cardiovascular disease and may be genetic or be due to dietary factors, hormonal imbalances, blood sugar dysregulation and/or other metabolic imbalances. For your blood test, your Lipid Panel Index is:

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

Cholesterol - Total ↑, Triglycerides ↑, LDL Cholesterol ↑, Cholesterol/HDL Ratio ↑, HDL Cholesterol ↓

Thyroid Function Index

The Thyroid Function Index allows us to assess the functional health of your thyroid. The thyroid produces hormones that control how the body uses energy. They are responsible for controlling metabolism in the body, for maintaining body temperature, regulating cholesterol and controlling mood. By examining specific elements on the blood test we can see if your thyroid is in a state of increased function (a condition called hyperthyroidism), in a state of decreased function (hypothyroidism) or hopefully optimal function! For your blood test, your Thyroid Function Index is:

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

TSH ↑, Total T3 ↓, Free T3 ↓

Blood Sugar Index

The Blood Sugar index tells us how well your body is regulating blood glucose. Blood sugar dysregulation is very common. It doesn't suddenly emerge but rather develops slowly, so we can look for clues in your blood test that can help us determine if there's dysregulation and if so what it is. Some conditions associated with blood sugar dysregulation include hypoglycemia (periods of low blood sugar), metabolic syndrome, hyperinsulinemia and diabetes. For your blood test, your Blood Sugar Index is:

[94%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

LDH ↓, Insulin - Fasting ↑, Cholesterol - Total ↑, Triglycerides ↑, LDL Cholesterol ↑, HDL Cholesterol ↓

Allergy Index

The Allergy Index reflects the degree of food or environmental sensitivities/allergies you may be dealing with. A number of elements on a blood test may increase in association with food allergies and/or sensitivities. A high Allergy Index may indicate the need for further assessment or evaluation of food or environmental sensitivities/allergies. For your blood test, your Allergy Index is:

[80%] - Dysfunction Likely. Improvement required.

Rationale:

Eosinophils ↑

Cardiovascular Risk Index

The Cardiovascular Risk Index looks at 15 elements on a blood test to assess for your risk of cardiovascular dysfunction. A high Cardiovascular Risk Index indicates that you may be at an increased risk of developing cardiovascular disease. The Cardiovascular Risk index will be used along with information from an examination of your diet, lifestyle, exercise, body mass index and family history to give us a more complete picture of what is going on. For your blood test, your Cardiovascular Risk Index is:

[64%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Cholesterol - Total ↑, Triglycerides ↑, LDL Cholesterol ↑, HDL Cholesterol ↓, Hs CRP, Female ↑, Insulin - Fasting ↑

Adrenal Function Index

The Adrenal Function Index reflects the degree of function in your adrenal glands. The adrenal glands produce certain hormones in response to stress. They are responsible for what is commonly called "the fight or flight response". Unfortunately when your body is under constant stress, which is very common, your adrenal glands become less functional. Adrenal dysfunction can be caused by an increase output of stress hormones (adrenal stress) or more commonly a decrease output of adrenal hormones (adrenal insufficiency). We can look at elements in the blood to assess the functional state of your adrenals. For your blood test, your Adrenal Function Index is:

[56%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Sodium ↓, Cholesterol - Total ↑, Triglycerides ↑

Nutrient Index Report



The indices shown below represent an analysis of your blood test results. These results have been converted into your individual Nutrient Assessment Report based on our latest research. This report gives me an indication of your nutritional status. Nutritional status is influenced by actual dietary intake, digestion, absorption, assimilation and cellular uptake of the nutrients themselves. We can use this information to put together a unique treatment plan designed to bring your body back into a state of functional health, wellness and energy.

Score Guide: 90% - 100% - Nutrient Status is Poor, 75% - 90% - Nutrient Status is Low, 50% - 75% - Moderate Nutrient Status, < 50% - Optimum Nutrient Status

Nutrient Index	0%	100%
Carbohydrate Index		100%
Mineral Index		71%
Protein Index		24%
Vitamin Index		14%
Hydration Index	0%	
Fat Index	0%	

Carbohydrate Index

The Carbohydrate Index gives us an assessment of your dietary intake of carbohydrates, especially refined carbohydrates (white flour, white rice, white pasta, etc.) and sugars. A diet high in refined carbohydrates and sugars will deplete important nutrients that are used by the body to handle carbohydrates and may also increase blood glucose and blood fat levels, all of which can be measured in your blood. For your blood test, your Carbohydrate Index is:

[100%] - Nutrient Status is Poor. Much improvement required.

Rationale:

LDH ↓, Cholesterol - Total ↑, Triglycerides ↑, LDL Cholesterol ↑, HDL Cholesterol ↓

Mineral Index

The Mineral Index gives us a general indication of the balance of certain minerals in your body based on the results of this blood test. Mineral levels in the body are closely regulated and deficiency in one or more minerals may be due to a number of factors such as the amount in your diet, the ability to digest and breakdown individual minerals from the food or supplements you consume, and the ability of those minerals to be absorbed, transported and ultimately taken up by the cells themselves. For your blood test, the Mineral Index is:

[71%] - Moderate Nutrient Status. There may be improvement needed in certain areas.

Rationale:

Uric Acid, female ↓, Alk Phos ↓, Iron - Serum ↓, % Transferrin saturation ↓, Total T3 ↓, Free T3 ↓

Individual Nutrient Values

The values below represent the degree of deficiency for individual nutrients based on your blood results. The status of

an individual nutrient is based on a number of factors such as actual dietary intake, digestion, absorption, assimilation and cellular uptake of the nutrients themselves. All of these factors must be taken into consideration before determining whether or not you actually need an individual nutrient. I will use the information in this section of your Nutrient Assessment Report to put together an individualized treatment plan to bring your body back into a state of optimal nutritional function.

Score Guide: 90% - 100% - Deficiency Highly Likely, 70% - 90% - Deficiency Likely, 50% - 70% - Deficiency Possible, < 50% - Deficiency Less Likely.

Individual Nutrients	0%	100%
Molybdenum Need		100%
Zinc Need		90%
Thiamine Need		70%
Selenium Need		67%
Iron Deficiency		52%
Calcium Need		43%
Vitamin C Need		22%
Vitamin B6 Need		20%
Vitamin B12/Folate Need		20%
Iodine Need	0%	
Magnesium Need	0%	
DHEA Need	0%	
Glutathione Need	0%	

Molybdenum Need

The results of your blood test indicate that your molybdenum levels might be lower than optimal.

[100%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

Uric Acid, female ↓

Zinc Need

The results of your blood test indicate that your Zinc levels might be lower than optimal.

[90%] - Dysfunction Highly Likely. Much improvement required.

Rationale:

Alk Phos ↓

Thiamine Need

The results of your blood test indicate that your thiamine levels might be lower than optimal.

[70%] - Dysfunction Likely. Improvement required.

Rationale:

Anion gap ↑, LDH ↓, Hemoglobin, Female ↓, Hematocrit, Female ↓

Selenium Need

The results of your blood test indicate that your selenium levels might be lower than optimal.

[67%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Total T3 ↓, Free T3 ↓

Iron Deficiency

The results of your blood test indicate that your iron levels might be lower than optimal.

[52%] - Dysfunction Possible. There may be improvement needed in certain areas.

Rationale:

Iron - Serum ↓, Hemoglobin, Female ↓, Hematocrit, Female ↓, % Transferrin saturation ↓

Blood Test History Report



The Blood Test History Report lists the results of your Blood Chemistry Screen and CBC tests side by side with the latest test listed on the left hand side. This report allows you to compare results over time and see where improvement has been made and allows you to track your progress.

Element	Latest 2 Test Results	
	Sep 19 2018	Jan 29 2019
Glucose	84.00	85.00
Hemoglobin A1C	5.00	5.00
Insulin - Fasting	7.50 ↑	8.10 ↑
Fructosamine		
C-Peptide		
BUN	15.00	10.00
Creatinine	0.76 ↓	0.61 ↓
Creatinine, 24-hour urine		
Creatinine Clearance		
eGFR Non-Afr. American	102.00	117.00
eGFR African American	118.00	136.00 ↑
BUN/Creatinine Ratio	19.73 ↑	16.39 ↑
Sodium	136.00	134.00 ↓
Potassium	4.40	4.20
Sodium/Potassium Ratio	30.90	31.90
Chloride	100.00	101.00
CO2	26.00	25.00
Anion gap	14.40 ↑	12.20 ↑
Uric Acid, female	5.30	2.80 ↓
Protein, total	7.90 ↑	7.00
Albumin	5.00	4.50
Globulin, total	2.90 ↑	2.50
Albumin/Globulin Ratio	1.70	1.80
Calcium	9.70	9.50
Calcium/Albumin Ratio	1.94	2.11
Phosphorus	4.60 ↑	4.20 ↑
Calcium/Phosphorous Ratio	2.10 ↓	2.26 ↓
Collagen Cross-Linked NTx		
Magnesium	2.40	2.20

Element	Latest 2 Test Results	
	Sep 19 2018	Jan 29 2019
Alk Phos	65.00 ↓	54.00 ↓
LDH	133.00 ↓	120.00 ↓
AST (SGOT)	15.00	13.00
ALT (SGPT)	9.00 ↓	10.00
GGT	16.00	15.00
Bilirubin - Total	0.50	0.40
Bilirubin - Direct	0.10	0.10
Bilirubin - Indirect	0.40	0.30
Iron - Serum	107.00	57.00 ↓
Ferritin	60.00	75.00
TIBC	395.00 ↑	338.00
% Transferrin saturation	27.00	17.00 ↓
Cholesterol - Total	355.00 ⚠	258.00 ↑
Triglycerides	119.00 ↑	129.00 ↑
LDL Cholesterol	258.00 ⚠	178.00 ⚠
HDL Cholesterol	71.00 ↑	54.00 ↓
VLDL Cholesterol		
Cholesterol/HDL Ratio	5.00 ↑	4.80 ↑
Triglyceride/HDL Ratio	1.67	2.38 ↑
Leptin, Female		
TSH	106.73 ⚠	6.63 ↑
Total T4	2.20 ▼	6.10
Total T3	34.00 ▼	81.00 ↓
Free T4	0.40 ▼	1.10
Free T3	1.50 ▼	2.70 ↓
T3 Uptake	29.00	35.00
Free Thyroxine Index (T7)	0.63 ▼	2.13
Thyroid Peroxidase (TPO) Abs		
Thyroglobulin Abs		
Reverse T3		
C-Reactive Protein		
Hs CRP, Female	3.70 ↑	3.20 ↑
ESR, Female		
Homocysteine		

Element	Latest 2 Test Results	
	Sep 19 2018	Jan 29 2019
Fibrinogen		
Creatine Kinase		
Vitamin D (25-OH)	54.00	53.00
Vitamin B12		
Folate		
DHEA-S, Female		
Cortisol - AM		
Cortisol - PM		
Testosterone, Free Female		
Testosterone, Total Female		
Sex Hormone Binding Globulin, female		
Estradiol, Female		
Progesterone, Female		
Total WBCs	7.40	7.00
RBC, Female	4.68 ↑	4.22
Reticulocyte count		
Hemoglobin, Female	13.50	12.60 ↓
Hematocrit, Female	41.60	36.90 ↓
MCV	88.90	87.40
MCH	28.80	29.90
MCHC	32.50	34.10
Platelets	369.00	417.00 ⚠
RDW	13.20 ↑	12.20
Neutrophils	55.00	48.00
Bands		
Lymphocytes	36.00	38.00
Monocytes	6.00	8.00 ↑
Eosinophils	3.00	6.00 ↑
Basophils	0.00	0.00

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